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USAID FOR DCHA SUDAN TEAM, AF/EA, DCHA
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SUBJECT: DARFUR: GEREIDA - AN UNEASY PEACE

Ref: Khartoum 0828

Summary and Comment

¶1. On April 12, a USAID representative and colleagues from the European Commission Humanitarian Office (ECHO) and U.K. Department for International Development (DFID) Emergency Office visited Gereida, South Darfur, to determine what additional resources and partners are required to assist the Gereida internally displaced person (IDP) population of 77,000. (Note: Some estimates place the total IDP population at 90,000.) A possible move of 25,000 people from nearby Joghana in advance of a potential militia attack would upset the delicate balance currently in place to serve the existing caseload in Gereida. Humanitarian planning focuses on increasing capacities in sectors such as water and sanitation and health, and addressing the handover of food aid management from the ICRC to the WFP. A Sudanese Armed Forces (SAF) attack on Gereida is a possibility, as SAF took Donkey Dereisa from the Sudan Liberation Army (SLA) on April 16 and has pledged to open the Nyala-to-Buram road that passes through Gereida. Such an attack would most likely result in a humanitarian emergency. End summary and comment.

Gereida Site Layout

¶2. The multi-donor team and representatives from WFP and the U.N. Children's Fund (UNICEF) flew to Gereida via U.N. caravan, which landed in an improvised dirt strip that ICRC built in 2004, when it first began working in the area. The strip lies amid a sprawling IDP settlement of approximately 77,000, a figure based on ICRC food distribution numbers, although Oxfam and other non-governmental organizations (NGOs) believe the figure to be 90,000. The IDP settlement has no logical layout and is divided into sections that represent the waves of arrivals at the site. The site has grown across the desert, congested in the center and spread out as one proceeds south. The haphazard layout of the site complicates drainage, sanitation, and enumeration of shelters. The oldest part of the "camp," dating from

2004, now appears well settled, with USAID plastic sheeting (donated through the non-food item common pipeline and allocated to ICRC for distribution) covering hundreds of dwellings. Newer shelters are more rudimentary, built of only sticks, grass, burlap, and other flimsy materials. ICRC plans to distribute plastic sheeting in May or June, before the rains. ICRC and incoming NGO Action Contre la Faim (ACF), have discussed realigning the camp to address sanitation concerns; however, this activity would need to be done immediately in order to reach completion before rains begin.

AMIS - Wanting to Be Helpful, But Limited in Logistics

¶3. The African Union Mission in Sudan (AMIS) Group Site Commander, a Rwandan officer who had arrived in Gereida only two weeks prior, gave a thorough briefing about the site and shared observations about security for IDPs. AMIS has 16 military observers at the site and a company-sized protection force. Since the March 11 demonstrations against AMIS, who were accused of raping IDPs and paying IDPs for sex, AMIS has kept a low profile. The new commander said he is working on re-establishing relations with the population and felt he was making progress. Nevertheless, AMIS lacks the capacity to undertake patrols to protect the population from roving militia outside Gereida. The civilian police (civpol) unit numbers only 5, when it should have a complement of 50, so the 16 military observers also have to undertake civpol patrol duties. Despite the importance of the area and high tensions among local populations, the AMIS team has only one Thuraya satellite

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phone and insufficient vehicles for patrolling. AMIS must call in helicopters from either Sector Headquarters in Nyala or AMIS Forward Headquarters in El Fasher, further complicating operations.

¶4. The Sudan Liberation Army (SLA) is in firm control of the area with an undisclosed number of troops and heavy weaponry stockpiled in the city. The SLA remains very much in the background and did not come to airstrip to see the visitors or send an emissary to find out who the visitors were. The multi-donor team did not observe any armed presence during the visit and only saw one military-style vehicle. Interlocutors reported that the SLA sees itself very much as the protective force for the population, but may also be discouraging the population, particularly men, from leaving. Accessing markets further afield is left to women, who risk attack by Arab militia. A visit to the ICRC health center did not yield information on whether there are any rape cases. The Nyala-based Sudanese medical worker flatly denied that any rape victims had been presented at the center and refused to discuss gender-based violence issues.

¶5. Of greatest concern is the threat from the west of Gereida, where large numbers of Arab militia are mobilized and reportedly well equipped. Local umdas (leaders) have denied AMIS permission to move by ground in that area. AMIS is particularly concerned about the situation in Joghana, located 27 kilometers (km) southeast of Gereida, where the humanitarian community has not provided any assistance except periodic food distributions by the Italian NGO Alisei. Arab militia have reportedly taken over wells at Joghana, denying access to the local population. AMIS expects the Joghana population to move preemptively to Gereida, given the humanitarian concerns and the high likelihood of a militia attack. AMIS is reaching out to the umdas to try to gain access to the western zone to patrol, initiate dialogue, reduce tensions, and reduce the likelihood of an attack on Joghana. The last militia attack in the

area was on March 18, and an uneasy peace reigns.

Preparing for the Worst

¶6. As previously reported, the humanitarian community is preoccupied with the water supply in Gereida. Oxfam runs 2 boreholes for 20 hours daily, providing approximately 9 liters of water per person per day to the population. The U.N. Office for the Coordination of Humanitarian Affairs (OCHA) previously reported water accessibility of 15 liters per person per day in accordance with SPHERE minimum standards, but Oxfam believes this is optimistic. There are 13 tap-stand systems throughout the IDP site, and all water is provided free of charge. The water corporation manages two other boreholes in the town. These sell water for donkey-cart distributions to the town population. Poorer members of the resident population access the IDP tap stands to obtain free water.

¶7. The current system is working, but is fragile and will be unable to handle any slight increase in demand or shift in equilibrium. Currently, in the dry season, boreholes provide water not only for the IDP population but also for some animals, creating additional pressure that the rains will alleviate partially. However, should there be an influx from Joghana, the current system will be unable to provide adequate potable water. Oxfam and UNICEF are planning for such a contingency, including drilling new boreholes. The SLA has granted permission for technical teams from the government Office of Water and Environmental Sanitation (WES) to move into Gereida. As in the past, the SLA insists that expatriate staff accompany the government workers in the SLA area of control. It is necessary to drill a minimum of 200 meters to reach the aquifer, and special rigs must be brought from Ed Daein. In the meantime, Oxfam has installed backup generators to maintain the current 20-hour pumping capacity.

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Food Aid Transition Fraught with Peril

¶8. The transition in food aid management in Gereida is one of the biggest concerns. Since 2004, ICRC has provided rations to the population using its own logistics and food pipeline, consisting mostly of USG donations. ICRC distributes food according to exact family size for the older parts of the camp, where detailed registration has been possible, and by estimated family size (five) for the newer areas, until a verification of the population is completed. At the time of the donor visit, ICRC was distributing rations to 3,000 families, and had grouped the food in stacks of rations for a group of 5 families of 5 persons each. The system moved efficiently, with representatives of the five families called forward to claim their pile, while loaders helped move the rations.

¶9. As previously reported, in June ICRC plans to handover food distributions to WFP. The key concern is the WFP pipeline and pre-positioning before the rainy season. Currently ICRC provides full monthly rations of 12 kilograms (kg) per person of cereals, 4 kg of lentils, 2 liters oil, .32 kg of salt and .75 kg of sugar. Even at this rate, ICRC treats approximately 100 children in community-based therapeutic feeding and nearly 1,600 in supplementary feeding. An unreleased nutrition survey done in January found that the global acute malnutrition rate is approximately 14 percent and the severe acute malnutrition rate is approximately 2 percent.

¶10. When the transition to WFP occurs, beneficiaries will receive only a half ration and no salt or sugar, due to the lack of donor contributions to WFP's pipeline (septel). Additionally, ICRC has been providing ground-nut oil per the local population's preference, whereas WFP will provide soybean oil. When the population previously received soybean oil, ICRC registered an increase in malnutrition, attributed to a decline in caloric intake resulting from the sale of the oil. USAID noted that part of the ICRC ration in April was soybean oil, so ICRC can re-evaluate this assumption before WFP takes over in June.

¶11. An added challenge is that during the rainy season, a wadi (riverbed) will prevent trucks from reaching Gereida. WFP must preposition all rainy season stocks -four months worth of half-rations, or two months worth of full rations - by June. Failing that, the population of Gereida will find itself in a dire situation and WFP may need to air drop rations into Gereida town. According to ICRC research, the population is highly dependent on food distributions, although the population still has animals and is consuming some meat. ICRC is tracking market prices and has noted no alarming trends as yet. Should the food aid situation worsen, animal offtake will likely increase beyond the normal levels, possibly rendering the population more vulnerable in the future.

¶12. The presence of a large number of animals was clearly evident during the visit. By some estimates there are nearly 50,000 head of mixed animals, including cattle and donkeys. As the dry season progresses, signs of wasting among the donkey population have become evident, and NGOs reported that donkeys are dying in larger numbers each week. NGOs in the area are organizing dead donkey clean-ups and are discussing collection of animal fodder as well as animal health interventions to preserve IDP livelihoods.

¶13. Sanitation will be a disaster this rainy season in the absence of urgent attempts both to erect latrines and to encourage people to use them. Animal waste will make the situation more challenging, as donkeys are crowded amid IDP shelters. The NGO American Refugee Committee (ARC), which works nearby in Donkey Dereisa, has indicated it can reinforce work in sanitation by sending

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a team to help dig latrines and conduct hygiene education. The drainage situation is unclear but is likely to be a problem.

Seven Minutes Per Patient

¶14. An ICRC primary health clinic (PHC) is the only source of health care in Gereida. The clinic is open 8 hours per day, 6 days a week, and receives 450 patients daily. The clinic provides a full range of services, including immunizations and ante-natal care. The clinic staff comprises seven community health workers (CHW) with a nursing background, a medical assistant, a midwife, and an expatriate doctor. The CHWs initially see patients, then refer cases to the medical assistant or doctor. A simple math calculation that takes into account breakfast and tea breaks reveals that each CHW can spend on average only 7 minutes with each patient, if the full caseload is to be seen each day. This rate of patient consultation leaves little room for a sudden surge in illness, which might occur during the rainy season. ICRC has rejected the notion of erecting health posts on the fringes of the camp, saying that the PHC is no more than six to seven km trip for any resident, which is fully within standards

for Africa. ICRC likely will expand the PHC site and services to respond to increased demand during the rainy season. Diarrhea outbreaks and malaria are key concerns for the rainy season; already watery diarrhea is the main cause of morbidity. Donors believe there is room for another health partner to relieve pressure on the ICRC clinic. The NGO Merlin has made several visits and is in discussions with partners and donors. A government hospital handles referrals, with assistance as needed from an ICRC medical team that deploys from Nyala if there are war-wound cases.

No Emergency Yet, But Assistance Urgently Needed

¶15. At present there is not a humanitarian emergency in Gereida. ICRC is monitoring the humanitarian situation and feels that it is under control. ICRC is prepared to health and protection assistance in addition to maintaining activities in the rural areas, which allows them to monitor population dynamics closely. Donors concluded that despite this robust ICRC strategy, there is a need for additional NGOs to assist in the area.

STEINFELD